

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

<b>Application Number</b>	09/078,956
<b>Filing Date</b>	May 14, 1998
<b>First Named Inventor</b>	von OEPEN, Randolph
<b>Title</b>	Radially expandable stent for impl
<b>Art Unit</b>	3738
<b>Examiner Name</b>	GHERBI, Suzette Jaime J.
<b>Attorney Docket Number</b>	31698-3150

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

71040

OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

### SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Thomas C. Fagan</i>	Date	11/9/07
Name	Thomas Fagan	Telephone	
Title and Company	Abbott Laboratories Vascular Enterprises Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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